

Operational Guidance for Acute Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) *Clostridium difficile* Infection (CDI) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* in August 2011 that include facility-wide inpatient (FacWideIN) *Clostridium difficile* infection (CDI) laboratory-identified (LabID) event reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Hospital Inpatient Quality Reporting (IQR) Program requirements for 2013. This operational guidance provides additional information about reporting FacWideIN CDI LabID event data to NHSN as part of the Hospital IQR Program for acute care hospitals beginning on January 1, 2013. The requirements for FacWideIN CDI LabID event reporting to NHSN for this CMS program do not preempt or supersede any state mandates for reporting of healthcare infections or events to NHSN (i.e., hospitals in states with a reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting FacWideIN CDI LabID event data to the system must adhere to the definitions and reporting requirements for FacWideIN CDI LabID events as specified in the NHSN Multidrug-Resistant Organism (MDRO) and *Clostridium difficile* Infection (CDI) Module protocol http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf. This includes individually mapping all inpatient locations (location mapping guidance can be found at <http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf> and the location list can be found at <http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf>) from the entire acute care facility in NHSN, reporting of a single monthly FacWideIN denominator summed for all non-neonatal inpatient locations (total facility patient days and total facility admissions minus counts from neonatal critical care locations and well-baby nurseries), as well as all CDI LabID events, which are defined as *C. difficile* identified as the associated pathogen for patient illness by a positive lab test result for *C. difficile* toxin A and/or B, the *C. difficile* toxin gene, or a toxin-producing *C. difficile* organism detected by culture, or other FDA-approved lab methods performed on an unformed stool sample, obtained for clinical decision making purposes (i.e., no surveillance cultures) from a patient in a specific inpatient location

having no previous like specimen identified from a laboratory result from that patient in that inpatient location in the previous 14 days. Please see the MDRO/CDI Module protocol for more detailed guidance on CDI LabID event reporting.

Acute care hospitals must report CDI LabID events with a specimen collection date on or after January 1, 2013 and associated facility-wide (minus neonatal units) denominator data starting on January 1, 2013 from all inpatient locations in the acute care hospital.

Monthly reporting plans must be created or updated in NHSN to include FacWideIN CDI LabID events, i.e., FacWideIN CDI LabID event surveillance must be in the monthly reporting plans (“in-plan”) in order for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the “no events” field for any month during which no CDI LabID events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at http://www.cdc.gov/nhsn/CDA_eSurveillance.html).

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month’s data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility’s data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 data must be entered by November 15, Q3 data must be entered by February 15, and Q4 data must be entered by May 15 to be shared with CMS.

FacWideIN CDI LabID event data submitted to NHSN by hospitals that have completed their Annual Payment Update (APU) pledges will be reported by CDC to CMS for each hospital. CDC will share all in-plan FacWideIN healthcare facility-onset (HO) CDI LabID event data from participating acute care hospitals. CDC will provide a hospital-specific FacWideIN HO CDI standardized infection ratio (SIR) for each reporting hospital. Although the metric reported to

CMS will be a HO SIR, the community-onset (CO) events and the admission prevalence of a hospital will play an important role in risk adjustment, **and so both HO and CO LabID events must be reported into NHSN.** NHSN will assign these onset categories to the LabID events as they are entered into the system.